

# STATE OF MONTANA DEPARTMENT OF CORRECTIONS POLICY DIRECTIVE

Policy No. DOC 4.5.14	Subject: OFFENDER HEALTH ASSESSMENTS		
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Section 5: Clinical Services		Effective Date: Jan. 1, 1998	
Department Director Signature: /s/ Mike Batista		Revised: 03/21/2016	
Medical Director Signature: /s/ Tristan Kohut, M.D.			
Clinical Services Division Administrator Signature: /s/ Connie Winner			

# I. POLICY

The Department of Corrections facility health care units will ensure that offenders receive initial and periodic health assessments to provide for their ongoing health care needs.

#### II. APPLICABILITY

All secure care facilities Department owned and contracted, as specified in contract.

#### III. DEFINITIONS

<u>Health Assessment</u> – A medical evaluation of an individual's health status, including questioning any symptomatology.

<u>Physical Examination</u> – An objective, hands-on medical evaluation of an individual to determine the presence or absence of physical signs of disease.

<u>Qualified Health Care Professionals</u> – Physicians, physician assistants, nurses, nurse practitioners, dentists, mental health professionals and others who by virtue of their education, credentials, and experience are permitted by law to evaluate and care for offenders, including contracted or fee-forservice professionals.

<u>Receiving Screening</u> – A process of structured inquiry and observation intended to identify potential emergency situations among new arrivals and to ensure that offenders with known illnesses and those on medications are identified for further assessment and continued treatment.

<u>Responsible Physician</u> – A designated medical doctor or doctor of osteopathy who has the final authority at a given facility regarding clinical issues.

<u>Vital Signs</u> – Signs of life, specifically, height, weight, pulse rate, blood pressure, and body temperature.

# IV. DEPARTMENT DIRECTIVES

### A. General Requirements

- 1. Facilities that operate diagnostic and intake programs will complete an initial health assessment on each offender within seven days of arrival. The initial health assessment will include, but is not limited to:
  - a. a review of the receiving screening results;

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- b. the collection of additional data to complete the medical, dental, and mental health histories;
- c. a recording of vital signs;
- d. a physical examination (including breast, rectal, and testicular exams as indicated by the patient's gender, age, and risk factors);
- e. pelvic and pap examinations for females;
- f. laboratory and/or diagnostic tests for communicable diseases including sexually transmitted diseases as determined by the responsible physician based on recommendations from the health department; and
- g. initiation of therapy and immunizations as appropriate.
- 2. A physical examination must be performed by either a physician, physician assistant, nurse practitioner or registered nurse.
- 3. When the health assessment is performed by a registered nurse, the nurse must complete appropriate training approved or provided by the responsible physician.

#### **B.** Modified Health Assessments

- 1. Health assessments are not required for readmitted offenders when:
  - a. the previous health assessment was performed within the past 12 months; and
  - b. the offender's current initial health screening status shows no change.
- 2. Offenders re-entering a secure facility within 12 months of release will receive a modified health assessment to include, but not limited to:
  - a. review of the health record;
  - b. review of the intake/reception health screening results;
  - c. collection and review of laboratory and diagnostic tests to detect communicable disease; and
  - d. recording and review of vital signs.

# C. Periodic Health Assessments

- 1. The facility physician and Department medical director will determine the frequency and content of periodic health assessments based on:
  - a. the offender's current age, gender, and overall health-specific clinical practice guidelines; and
  - b. protocols promulgated by nationally-recognized professional medical organizations.

#### D. Records

1. Qualified health care professionals will enter the collected and reviewed data from the health assessment in the offender health record at the time of the assessment in accordance with DOC Policy 4.5.37 Offender Health Record Format and Content.

#### E. Restrictions

1. Qualified health care professionals will document any health-related restrictions on an offender's housing, work, or other activities, and communicate these restrictions to the appropriate facility staff.

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# F. Informing Offenders

- 1. Qualified health care professionals will:
  - a. inform the offender of test results and any recommendations for further evaluation, referral, or treatment; and
  - b. provide health education and disease prevention information to offenders during initial and periodic assessments.

# V. CLOSING

Questions concerning this policy should be directed to the Clinical Services Division administrator or designee.

# VI. REFERENCES

- A. ACA Standards for Juvenile Correctional Facilities, 2003
- B. P-E-04, National Commission on Correctional Health Care Standards for Health Services in Prisons, 2014
- C. Y-E-04; National Commission on Correctional Health Care Standards for Health Services in Juvenile Detention and Confinement Facilities, 2015
- D. DOC Policy 4.5.13, Intake/Reception Health Screening

#### VII. ATTACHMENTS

None